

Mission:

The Clinical Workgroup has been chartered to identify and reach consensus on key clinical data elements to be collected and exchanged (minimum data set) within and across health care organizations to improve access to relevant information at the point of patient care. This identification and consensus will be built upon the ***Together for Quality*** (TFQ) scope. Also the Clinical Workgroup will identify key measures and data related to public health that will be an integral part of the ALAHIS. The QI process that is created with ***Together for Quality*** should help the provider at the point of care to improve care.

Scope and Boundaries:

How the sharing of information can facilitate improved outcomes and reduce costs
Quality and value metrics of clinical data elements (evidence based quality measures)
Algorithms and tools for quality improvement
Promotional and distribution plan for increasing the use of the electronic clinical support tool (ECST)
Approach for statewide discussion forums with medical home providers
Advise on definitions of baseline data for quality improvement metrics
Identify provider concerns and value

And will involve:

All provider settings
All stakeholders (relevant users of clinical elements)

The Clinical Workgroup will **NOT** focus on:

Clinical outcomes for which the health information exchange **CANNOT** be a contributor to success
Incorporating financial information into the data exchange
The infrastructure upon which the HIE will be built
The resolution to privacy and security issues in compliance with HIPAA; the assigned workgroup will provide direction
Vendor solution recommendations

Constraints:

Scope and timeline limits what topics can be addressed.
Limit diseases to no more than three
Not completely aware of what data elements are in the PDH Do we have the proper group of experts around this table?
How do we deliver information effectively to the provider/patient?

Provider perception of value of ECST use must increase to meet user targets in the grant (e.g. EHR database that is in place by end of March, 2007)

High-Level Timeline/Action Plan through October, 2008 (UPDATED as Needed):

Action/Milestone	Deliverable (if applicable)	Completion Date (target)	Comments
Quantify disease burden – Medicaid and State, review data; limit to 3 target diseases.			
Review literature, provide bibliography of references and discuss quality measures for chosen disease states			
Select aggregate data measures for diseases			
Review survey of InfoSolutions users' feedback for recommendations on approach to increase use/forums			

Workgroup Membership:

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Other Notes: